

# EASY CLAIMS

**CGM MEDEDI**

Billing and Practice Management

## CLAIMS & CLAIM RESPONSES TRAINING MANUAL

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## What is a claim response?

A claim response is a notification of the status of a medical aid claim during or after the delivery cycle of the claim. This means that when you submit a claim, the claim will have a response linked to it, telling you what happened to the claim and claim information once it was sent via the switch.

## Why do we have claim responses?

Claim responses are very important because it will let the practice know, if the patient has funds available or if all the patient medical aid information is incorrect or if the claim was rejected due to wrong information submitted to the scheme, without the practice having to wait for payment advice from the scheme to discover there was something wrong with the information submitted on the claim.

A claim response, if it's a real-time scheme, will also give the practice feedback on what the expected amount will be on the claim that was submitted, this way it helps the practice to collect funds before a patient leaves the doctor's room, helping to keep the outstanding patient liable book debt low.

Claim responses have different statuses so that the billing staff can immediately identify what to do with the claim that was submitted.

Claim status	What does it mean?	Action required
Initial Results Received	Real-time claims: the claim was sent but the scheme has not replied. Batch claims: will all have this status and will not receive a confirmation response	Check for notifications on the homepage and open it to update the response status
Confirmation Response Received	The claim was received and delivered to the scheme	No action required
Sent to switch	The claim was sent to switch but the switch has not acknowledged the claim yet	The claim will need to be resent, either by switch or by practice – practice will be notified
Rejected	Errors in the claim information that was sent	Fix errors as per the message on response and resubmit
Reversal Pending	The claim was reversed by the practice	No action required
Medical Aid Not Support	Medical aid is not supported by MEDEDI for electronic submissions.	Practice must post or email a claim to medical aid
Unsent claims	The claim has never left the practice	Practice must resend the claim sitting in the unsent items list

## Do all claims have a claim response?

Only medical aid claims will have a claim response because these claims were sent to another destination and need to have an answer from the receiving side. Private claims will not have a claim response because the claim was not submitted via any switch, it stayed at the practice.

## Where does the claim response message come from?

A claim response message will be sent to the practice either from the medical aid scheme or from our switch with, a response from us or from the 3rd party we use to deliver the claim.

A claim response will be shown to the practice in the following ways:

- A notification on the homepage of MEDEDI.
- An immediate response straight after the claim was submitted.

## How do you know if your claim was delivered?

Switch reference number: This reference indicates that our switch has received the claim. Funder reference number: This reference indicates that the scheme confirmed that they receive the claim. Batch claims will not have a scheme funder reference but a 3rd party reference number in this field.

## What must I do with a claim response?

It is very important, as a billing staff member at the practice, to make sure that they received a claim response on every claim that was submitted to a medical aid scheme. Every response must be opened and read in case there is action required from the practice, e.g., collecting short payments or correcting the patient information in case it was submitted incorrectly.

## Important facts about claim responses

- It is very important that a practice opens and reads all the claim response notifications on the home page.  
**When you open a claim response message it will update the claim status on the response, and it will also update claim amounts if there were differences between what was charged and what scheme will pay.**
- The notifications on the home page must be read and deleted to make sure that the front screen is not flooded with too much information and those important claim responses are not missed and not actioned.
- Claim responses are marked with a red dot on the notification screen because they are very important messages sent to the practice

**Have questions or need a hand?** Click on the Help link on the bottom right of your screen and one of our friendly agents will be in touch. Alternatively, call 0861 633 334 or email us at [help.za@cgm.com](mailto:help.za@cgm.com) to chat with one of our friendly Customer Support agents.